PTO/SB/01 (08-03)

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Attorney Docket Number

DECLARATION DE PATENT A (37 CI	N E	First Named Inventor. ELISA M. WILLIAMS COMPLETE IF KNOWN Application Number									
Declaration Submitted OR With Initial Filing	Filing (s	ed after Initial Art urcharge	ng Date Unit aminer Name								
I hereby declare that: Each inventor's residence, mailing address, and citizenship are as stated below next to their name. I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a nation is required and for the invention activities.											
Illuminated DRUAMENTAL SLIPPER											
the specification of which		(Title of the Inv	ention)								
is attached hereto		• .									
OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International											
Application Number	Application Number and was amended on (MM/DD/YYYY) (if applicable										
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.											
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.											
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.											
Prior Foreign Application Number(s)	Country	Foreign Filing Da (MM/DD/YYYY)		rity Certi	fied Copy Attached? Yes No						
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.											

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to:	Customer Number:				OR	区	Сопеѕ	pondence address below		
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.										
NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor **										
Given Name (first and middle [if any]) ELS Where Ao.8				Family Name or Surname						
Inventor's Signature	is M. Will	lan	≼	•				Date		
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NAME OF SECOND INVENTO	<i>(i)</i> R:			A pet	tition h	as bee	n filed t	for this unsigned inventor		
Given Name (first and middle [if any])			Family Name or Surname							
Inventor's Signature								Date		
Residence: City	State		Country		Citizenship					
Mailing Address										
City	State		ZIP				Country			
Additional inventors or a legal re	presentative are being named on	thes	upplemer	ntal sheet	t(s) PTO	/SB/02A	or 02LR	attached hereto.		